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Thomas R. Beall
 Corning Incorporated
 SP-TI-03-1
 Corning, NY 14831

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Thomas R. Beall	(Depositor's name)
<i>Tom Beall</i>	(Signature)
May 11, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,750	11/16/2001	Lisa C. Chacon	ADP-131.1US	3900

TITLE OF INVENTION: GLASSES FOR FLAT PANEL DISPLAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GROUP, KARL E	1755	501-066000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Maurice M. Klee, Ph.D.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corning Incorporated

Corning, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3325 (enclose an extra copy of this form).

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(Authorized Signature)

Tom Beall

(Date)

5/11/04

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